



FILED

11/30/22

12:07 PM

R2103010

ATTACHMENT A

Number of Employees (Report employees in only one race/ethnicity category)

Job Categories	Salary Compensation	Race/Ethnicity												LGBT	Disabled	Overall Total #	Overall Total %
		Male					Female										
		White	African American	Asian Pacific American	Hispanic American	Native American	Total Male	White	African American	Asian Pacific American	Hispanic American	Native American	Total Female				
Workforce Composition	1. \$19,239 & under	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	2. \$19,240 - 24,439																
	3. \$24,440 - \$30,679																
	4. \$30,680 - \$38,999																
	5. \$39,000 - \$49,919																
	6. \$49,920 - \$62,919																
	7. \$62,920 - \$80,079																
	8. \$80,080 - \$101,919																
	9. \$101,920 - \$128,959																
	10. \$128,960 - \$163,799																
	11. \$163,800 - \$207,999																
	12. \$208,000 & over																
Total Number of																	

(END OF ATTACHMENT A)

ATTACHMENT B



Eligibility Standards

The Supplier Clearinghouse



Supplier Clearinghouse Eligibility Standards

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Supplier Clearinghouse Eligibility Standards

This document details the Eligibility Standards for the Supplier Clearinghouse certification review based upon [California Public Utilities Commission \(CPUC\) General Order 156](#). The most current version is available for download from the [CPUC website](#) and the [Supplier Clearinghouse website](#). These Eligibility Standards apply to any business seeking status as a Women Business Enterprise (WBE), Minority Business Enterprise (MBE), LGBT Business Enterprise (LGBTBE) and/or Persons with Disabilities Business Enterprise (PDBE).

1. Ownership

Is the firm majority-owned by minorities, women, LGBT and/or Persons with Disabilities individuals?

An applicant concern must be one which is at least 51% unconditionally owned by an individual(s) who is a citizen of the United States, including permanent resident alien(s). An individual applicant's U.S. citizenship or permanent residency status shall be established and substantiated by minimum threshold documentation. An individual applicant's claim that he/she is a member of a racial or ethnic group and is so regarded by that particular minority shall be established and substantiated by minimum threshold documentation. An individual applicant's claim that he/she is lesbian, gay, bi-sexual, or transgender and is so regarded by the LGBT community shall be established and substantiated by minimum threshold documentation.

In the case of an applicant concern which is a partnership, 51% of the partnership interest must be unconditionally owned by minorities, women, LGBT or Persons with Disabilities individuals. Such unconditional ownership must be reflected in the concern's partnership agreement.

In the case of an applicant concern which is a corporation, 51% of each class of voting stock and 51% of the aggregate of all outstanding shares of stock must be unconditionally owned in a manner that does not intrude upon the control of the company by the minorities, women, LGBT or Persons with Disabilities individuals.

The Clearinghouse will not find unconditional ownership of a concern on the basis of non-exercised stock options or other arrangements.

When determining ownership, the Clearinghouse will consider options to purchase stock held by non-minorities/male/non-LGBT/non-disabled individuals, or rights to convert non-voting stock or debentures held by non-minorities/male/non-LGBT/non-disabled individuals into voting stock, to have been exercised.

The minority, women, LGBT or Persons with Disabilities owners shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance rather than form of arrangements. This includes, but is not limited to, the following:

- In the event that dividends are distributed, the individual(s) upon whom WBE/MBE/LGBTBE/PDBE eligibility ownership is based, must receive at least 51% of the annual distribution of dividends paid on the voting stock of a corporate applicant concern.
- In the event that stock is sold, the individual(s) upon whom WBE/MBE/LGBTBE/PDBE eligibility is based must be entitled to receive 100% of the value of each share of stock in his/her



Supplier Clearinghouse Eligibility Standards

possession.

- In the event of dissolution of the corporation, the individual(s) upon whom WBE/MBE/LGBTBE/PDBE eligibility is based must be entitled to receive at least 51% of the retained earnings of the concern and 100% of the value of each share of stock in his/her possession.

All securities which constitute ownership and/or control of a corporation for purposes of establishing it as a WBE/MBE/LGBTBE/PDBE under this part shall be held directly by minorities, women, LGBT or Persons with Disabilities individuals.

Securities held in trust or by any guardian for a minor, will be evaluated to determine whether ownership or control of a company is actually held by the minority, women, LGBT or Persons with Disabilities individuals.

The contributions of capital or expertise by the minority, women, LGBT or Persons with Disabilities owners to acquire their interests in the applicant concern shall be real and substantial and can be verified through objective documentation.

The ownership of the applicant concern by the minority, women, LGBT or Persons with Disabilities owner(s) must be substantiated by the documentation submitted.

2. Management

Is the firm managed and controlled on a daily basis by minorities, women, LGBT and/or Persons with Disabilities individuals?

The minority, women, LGBT or Persons with Disabilities owners shall possess and exercise the power to direct or cause the direction of the management and policies of the applicant concern and to make the day-to-day as well as major decisions on matters of management, policy, and operations, and not merely act as officers or directors. The minority, women, LGBT or Persons with Disabilities owner(s) must be responsible for the operation of the applicant concern consistent with standard industry practices.

An applicant concern must be a valid business. There shall be no restrictions through, for example, bylaw provisions, partnership agreements, or charter requirements for cumulative voting rights or otherwise that prevent the minority, women, LGBT or Persons with Disabilities owners, without the cooperation or vote of any owner who is not a minority, woman, LGBT or Persons with Disabilities individual, from making a business decision of the applicant concern.

In order for a minority, woman, LGBT or Persons with Disabilities individual to demonstrate control of the concern, that individual must have a combination of managerial or technical and/or educational experience and competency consistent with industry standards in which the applicant concern operates which supports the conclusion that this individual can make daily as well as major decisions on matters of management, policy, and operations for the applicant concern.

The applicant concern must be managed on a full-time basis by one or more minorities, women, LGBT or Persons with Disabilities owners.

At least one minority, woman, LGBT or Persons with Disabilities owner who is a full-time manager must hold the position of President and/or Chief Executive Officer and shall have general supervision, direction, and control of the business and officers of the corporation. This precludes outside employment or any other business interest by the minority/woman/LGBT/disabled individual which conflicts with the



Supplier Clearinghouse Eligibility Standards

management of the applicant concern.

The minority, woman, LGBT or Person with Disabilities individual upon whom WBE/MBE/LGBTBE/PDBE eligibility is based shall control the Board of Directors of the applicant concern, either in actual numbers of voting directors or through weighted voting. An applicant concern must be a valid corporation under applicable state law.

Non-minority/non-LGBT/non-disabled male individuals may be involved in the management of an applicant concern, and may be stockholders, partners, officers, and/or directors of such concern. Such individual(s), their spouses or immediate family members who reside in the same household may not, however:

- exercise actual control or have the power to control the applicant concern;
- receive excessive compensation from the applicant concern as directors, officers or employees.
- Receive excessive individual compensation in any form, including but not limited to, compensation, salary, consulting fees, and/or dividends, which exceeds the compensation to be received by the minority/woman/LGBT/disabled individual, Chief Executive Officer, or the President; or
- be former and/or current employers of the minority/women/LGBT/disabled owner(s) of the applicant concern, unless it is determined that the contemplated relationship between the former employer and the minority/woman/LGBT/disabled individual or applicant concern does not give the former employer actual control or the potential to control the applicant concern and such relationship is in the best interest of the applicant concern.

Non-minority/non-LGBT/non-disabled male individuals or entities owned by such individuals shall be deemed to control or have the power to control the applicant concern in any of the following circumstances.

- Non-minority/non-LGBT/non-disabled male individuals control the voting of the Board of Directors of the applicant concern, either directly through majority voting membership, or indirectly, if the Bylaws allow non-minority/non-LGBT/non-disabled male individuals to block any action proposed by the minority/women/LGBT/non-disabled individuals through negative control.
- A non-minority/non-LGBT/non-disabled male individual, as an officer or member of the Board of Directors of the applicant concern, or through stock ownership, has the power to control day-to-day direction of the business affairs of the applicant concern.
- The non-minority/non-LGBT/non-disabled male individual or entity owned by such individuals provides critical financial or bonding support or licenses to the applicant, the terms of which would create effective control in all significant aspects over the applicant concern.
- A non-minority/non-LGBT/non-disabled male individual or entity owned by such individuals exercises control of the applicant concern through a nominee(s).
- A non-minority/non-LGBT/non-disabled male individual or entity owned by such individuals controls the corporation or the minority/women/LGBT/disabled individual owner(s) through loan arrangements.
- Non-minority/non-LGBT/non-disabled male individual or entity owned by such individuals are



Supplier Clearinghouse Eligibility Standards

disproportionately responsible for the operation of the firm.

The management and control of the applicant concern by the minority/women/LGBT/disabled owner(s) must be substantiated by the documentation submitted.

3. Independence

Is the firm an independent business?

An eligible WBE/MBE/LGBTBE/PDBE under this program shall be an independent business. The ownership and control by minorities, women, LGBT or Persons with Disabilities individual shall be real, substantial, and continuing and shall go beyond the pro forma ownership of the applicant concern as reflected in its ownership documents. It shall not rely upon non-WBE/MBE/LGBT/PDBE individual(s) or entities for financial, management, or technical assistance or other resources to the extent that it is not in control of its business destiny.



Supplier Clearinghouse Eligibility Standards

Document Revision History

<i>Date</i>	<i>Version</i>	<i>Action</i>
7/1/2015	2015-1	Update and publication to Supplier Clearinghouse
12/31/2021	2021-1	Format into formal document and add detail
5/27/2022	2022-1	Add Persons with Disabilities certification

(END OF ATTACHMENT B)

ATTACHMENT C



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Comparable Agency Verification application.

1. Please make sure you have selected the correct application type.

The **Comparable Agency Application** is for all suppliers who:

- Have an active certification with **NMSDC, WBENC, NGLCC, and/or Disability:IN.**
 - MBE status requires an active certificate from NMSDC.
 - WBE status requires an active certificate from WBENC.
 - LGBTBE status requires an active certificate from NGLCC.
 - PDBE status requires an active certificate from Disability:IN.
 - Eligible firms with active certifications with two or more agencies can apply for multiple types.
- Would like to use their comparable agency certification to become certified or recertify with the Clearinghouse.
- Are not currently certified with the Clearinghouse **OR** are renewing their Comparable Agency Verification (required **annually**).

If your company does not meet these conditions, please return to our website to select a different application type.

2. **Missing documentation will significantly delay the processing of your application.** Please be sure to submit full copies of **ALL** required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

1. Have you previously been verified by the Clearinghouse?*

YES ☐ NO ☐

If yes, provide: Verification Order Number: _____ Expiration Date: ____/____/____

For which status are you applying?

MBE ☐ WBE ☐ LGBTBE ☐ PDBE ☐

2. COMPARABLE AGENCY

With which agency do you currently hold certification?*

Check all that apply:

☐ National Minority Supplier Development Council (NMSDC) _____
Expiration Date

☐ Women's Business Enterprise National Council (WBENC) _____
Expiration Date

☐ National Gay & Lesbian Chamber of Commerce (NGLCC) _____
Expiration Date

☐ Disability: IN _____
Expiration Date

3. BUSINESS IDENTIFICATION

Business Name* _____

DBA Name _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____
Number Street

City State Zip County

Mailing Address (if different) _____
Number Street

City State Zip County

Email* _____ Website _____

Contact Person* _____
Name

Phone _____ Email _____



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

4. OWNERSHIP TYPE

Business Structure*: check one

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

Date Established*:

____/____/____

Dun & Bradstreet #:

Service Area(s)*: check all that apply

☐ Local ☐ State ☐ National ☐ International

5. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____

Professional License _____

State Employer Tax ID _____

Name of Licensee _____

Annual Gross Sales for 2021:* \$ _____

Is this firm a Small Business? YES ☐ NO ☐

Number Employees:* Full Time _____

Part Time _____

Contract Personnel _____

Construction Companies Only:

Contractor License # _____

Bonding Company _____

Name of Licensee _____

Bonding Limit \$ _____

6. BUSINESS OWNERS, OFFICERS AND KEY PERSONNEL*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Disabled Status	Role (circle all applicable)	Type of Authority (enter all applicable)
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	

Primary Race/Ethnic Code:

- 1 Asian/Pacific American (includes Asian Indian)
 2 Black American
 3 Hispanic American
 4 Native American
 5 White

Role Code:

- A Owner
 B Officer/Director
 C Key Personnel

Type of Authority/Responsibility:

- 1 Finance
 2 Management
 3 Hiring/firing
 4 Marketing/Sales
 5 Equipment Purchasing
 6 Field Supervisor
 7 Other



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

7. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*

Standard Industry Classification Codes (SIC):*

Primary SIC code:

--	--	--	--

Additional SIC codes:

A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>
Please provide the full four-digit code for each entry.

North American Industry Classification System (NAICS):*

Primary NAICS code:

--	--	--	--	--	--

Additional NAICS codes:

A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>
Please provide the full six-digit code for each entry.



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COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

8. BUSINESS LOCATIONS/WORK SITES

How many business locations/branch offices does your firm have?* _____

Provide information on your firm's business locations/work sites by city, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established. Attach additional sheets if more than five locations/work sites.

_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established



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COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Comparable Agency Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right-hand corner with the letter or number that applies to each document (e.g. A, B, C, etc.).

THE FOLLOWING DOCUMENTS ARE APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the agency from which you hold a current certificate.

DOCUMENTS REQUIRED OF ALL CAV APPLICANTS	NMSDC	WBENC	NGLCC	Disability:IN
A. Supplier Clearinghouse Comparable Agency Verification Application , completed and signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Copy of comparable agency certificate . If certificate is not available, provide a copy of approval letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Federal tax returns for 2021 IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <u>If 2021 taxes have not been filed, provide a copy of the firm's 2021 extension filing AND 2020 federal tax returns IN FULL.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Fast Track Process application.

1. Please make sure you have selected the correct application type.

The **Fast Track Process Application** is for suppliers who:

- Are not currently certified with the Clearinghouse
- Are headquartered in California
- Have annual gross revenues less than \$3.5 million **OR** are manufacturers with 25 or fewer employees.

If your company does not meet all three of these conditions, please do NOT submit this application. Return to our website to select a different application type.

2. Missing documentation will significantly delay the processing of your application. Please be sure to submit full copies of ALL required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

For which status are you applying?

MBE ☐ WBE ☐ LGBTBE ☐ PDBE ☐

1. BUSINESS IDENTIFICATION

Business Name* _____

DBA Name* _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____
 Number Street

City State Zip County

Mailing Address (if different) _____
 Number Street

City State Zip County

Email* _____ Website _____

Contact Person* _____
 Name

Phone Email

2. OWNERSHIP TYPE & AFFILIATIONS

What is the business structure of your firm (check one)?*

☐ Corporation

☐ LLC

☐ Partnership

☐ Sole Proprietorship

☐ Other _____

Service Areas (check all that apply)*

☐ Local

☐ State

☐ National

☐ International

☐ International

Date Established* ____/____/____



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

3. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*

Standard Industry Classification Codes:*

Primary SIC code:

--	--	--	--

Additional SIC codes:

*A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>
Please provide the full four-digit code for each entry.*

North American Industry Classification System (NAICS):*

Primary NAICS code:

--	--	--	--	--	--

Additional NAICS codes:

*A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>
Please provide the full six-digit code for each entry.*



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

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Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

4. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____ Professional License _____

State Employer Tax ID _____ Name of Licensee _____

Annual Gross Sales for 2021:* \$ _____ Is this firm a Small Business? YES ☐ NO ☐

Number Employees:* Full Time _____ Part Time _____ Contract Personnel _____

Construction Companies Only:

Contractor License # _____ Bonding Company _____

Name of Licensee _____ Bonding Limit \$ _____

5. OWNERS, OFFICERS, KEY PERSONNEL, BUSINESS MANAGEMENT & DECISION MAKING*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Include also individuals responsible for day-to-day management and policy decision-making. Ownership total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Disabled Status	Role (circle all applicable)	Type of Authority (enter all applicable)
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	

Primary Race/Ethnic Code:

- 1 Asian/Pacific American (includes Asian Indian)
- 2 Black American
- 3 Hispanic American
- 4 Native American
- 5 White

Role Code:

- A Owner
- B Officer/Director
- C Key Personnel

Type of Authority/Responsibility:

- 1 Finance
- 2 Management
- 3 Hiring/firing
- 4 Marketing/Sales
- 5 Equipment Purchasing
- 6 Field Supervisor
- 7 Other



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

6. OUTSTANDING LOAN(S)*

Not Applicable/No outstanding loans ☐

List any outstanding loans greater than \$10,000:

Amount of loan(s)	Lenders/Creditors	Guarantors

7. RELATIONSHIPS WITH OTHER BUSINESS CONCERNS

Do individuals (owner or key employee) in this firm have ownerships or business relationships with ANY other firms?*

YES ☐ NO ☐

If yes, list name of person, name of other business, and relationship:

Individual Name	Firm Name	Relationship

8. PREVIOUS BUSINESS OWNERSHIP

Have any individuals (owner or key employee) in this firm conducted business under ANY other business name?*

YES ☐ NO ☐

If yes, provide name of person, name of other business, position with other business and dates of involvement:

Individual Name	Firm Name	Position	Dates



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

9. OUTSIDE CONSULTING SERVICES USED IN THE PREPARATION OF THIS APPLICATION

Has any other firm provided assistance to applicant business in the preparation of this application?*

YES ☐ NO ☐

If yes, name of firm providing assistance: _____

Was there a charge for this service? No ☐ Yes ☐ If yes, indicate amount: \$ _____



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

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Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Fast Track Process Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right-hand corner with the letter or number that applies to each document (e.g. A, B, C1, D, etc.).

SECTION I IS APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the letter that is applicable to your form of business, using the following key:

S: SOLE PROPRIETOR

P: PARTNERSHIP/LLC

C: CORPORATION

Section I: DOCUMENTS REQUIRED OF ALL FAST TRACK APPLICANTS	S	P	C
A. Supplier Clearinghouse Fast Track Verification Application , completed, signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status: (a) Copy of certified birth certificate from applicable county, state or federal registrar; or, (b) Copy of U.S. passport; or (c) copy of voter's registration card; or, (d) Copy of U.S. military record (Form DD214); or; (e) Copy of front and back of INS permanent resident visa card; or, (f) INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1. Proof of qualifying owner(s)' ethnicity/minority status (required for firms applying for MBE): <u>For applicants other than Native Americans, furnish</u> (a) Copy of certified birth certificate from applicable county, state or federal registrar; or, (b) Three declarations from recognized minority community organizations; or, (c) Copy of parents' or grandparents' birth certificates. <u>For Native American applicants, furnish:</u> (a) Copy of tribal enrollment card; or, (b) Letter of Tribal Chairman; or, (c) Letter from BIA if reservation is terminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

C2. Proof of qualifying owner(s)' gender (required for firms applying for WBE): (a) Copy of certified birth certificate from applicable county, state or federal registrar; or (b) Copy of U.S. driver's license; or, (c) Copy of U.S. passport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Proof of qualifying owner(s)' LGBT status (required for firms applying for LGBTBE): (a) Copy of valid, municipal or state license/certificate of marriage, civil union, or domestic partnership; or, (b) Proof of domestic partnership health insurance utilization; or, (c) Copy of petition for same-sex partner hospital visitation rights; or, (d) Evidence of completed or attempted parenting or family building efforts with same-sex partners including surrogacy, adoption, or in-vitro fertilization procedures; or, (e) Joint living arrangement paperwork naming same-sex partner and reference to same-sex partner status must be made in the document. Examples of acceptable documents include: property, deeds/titles, lease or rental agreement, insurance (auto, health, home, etc.), phone/utility bills, wills, retirement plans, loans, lines of credit, investment holdings, etc.; or, (f) One letter from the NGLCC affiliate chamber leader attesting to LGBT status of each business owner; or, (g) Three letters of reference from personal contacts on their company letterhead or stationery who: (a) have known owner for over one year; and (b) can vouch/attest to LGBT status; or, (h) One letter from a recognized LGBT organization attesting to LGBT status and signed by the organization leader or board member; or, (i) Physician carry letter evidencing gender reassignment or related medical procedures (for transgender applicants); or, (j) Proof of media coverage, including publications, newspapers, or articles, explicitly stating LGBT status of owner(s); or, (k) Physician or attorney letter establishing LGBT status of owner(s); or, (l) Certificates, awards, recognition of owners as outstanding members of LGBT community; or, (m) Legal petition for name/gender change (for transgender applicants).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Proof of qualifying owner(s)' disability status (required for firms applying for PDBE): (a) Documentation from a licensed, registered, or state or private certified vocational rehabilitation specialist affirming that the applicant/person is a person with a disability; (b) Documentation from a federal or state agency (including the District of Columbia or a U.S. territory) that issues or provides disability benefits confirming the owner has a disability; (c) Documentation from a licensed medical professional (e.g., a physician or other medical professional duly certified to practice medicine by a state, the District of Columbia, or a U.S. Territory) confirming the owner has a disability; (d) An Individualized Education Program (IEP) for an owner who has a learning disability; (e) A letter/written signed statement from a leader of the Disability Chamber of Commerce or an affiliate chamber confirming to the disability status of the owner; (f) Three letters of reference from personal contacts who: (a) have known the owner for over one year and (b) can attest, in a signed statement, to the owner's disability status; (g) A letter/written signed statement by a leader or board member from a disability advocacy organization attesting to the owner's disability status; (h) Proof of media coverage, including publications, newspapers, or articles, explicitly stating the disability status of the owner; (i) A letter/written signed statement from a physician or attorney establishing the disability status of the owner; (j) Certificates, awards, recognition of the owner as outstanding members of the disability community; or; (k) Documentation of participation in a program by owner that provides benefits based on disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supplier Clearinghouse

FAST TRACK PROCESS VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

D. Federal tax returns for <u>2021</u> IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <u>If 2021 taxes have not been filed, provide a copy of the firm's 2021 extension filing AND 2020 federal tax returns IN FULL.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Detailed resume OR work history of all principals and key employees , summarizing education, training, and employment history, with dates, duties, and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business bank account information: copy of bank account signature card or letter from your bank verifying person(s) authorized to sign checks and the number of signatures required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Evidence of personal capital contributions (such as cancelled checks) or an explanation and substantiating evidence of other consideration given to acquire ownership interest in the business (initial investment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II: ADDITIONAL DOCUMENTS REQUIRED OF <u>PARTNERSHIPS/LLCS</u>		P	
H. Partnership agreements and any amendments thereto.		<input type="checkbox"/>	
I. Profit-sharing agreements (if not included in partnership agreement).		<input type="checkbox"/>	
J. Buyout rights agreements (if not included in partnership agreement).		<input type="checkbox"/>	
Section III: ADDITIONAL DOCUMENTS REQUIRED OF <u>CORPORATIONS</u>			C
K. Articles of Incorporation , including documents issued by the Secretary of State			<input type="checkbox"/>
L. By-Laws and any amendments thereto pertaining, but not limited to, the following: stock options, stockholder agreements, stockholder voting rights, ownership of voting securities, facts pertaining to values of shares and restrictions on disposal of stock loan agreements.			<input type="checkbox"/>



Supplier Clearinghouse

RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Re-Verification application.

1. Please make sure you have selected the correct application type.

The **Re-Verification Application** is for all suppliers who:

- Are currently certified with the Clearinghouse
- Would like to renew their certification prior to its expiration
- Are **not** using a Comparable Agency Certificate for renewal (NMSDC, WBENC, and/or NGLCC.)
*Suppliers wishing to renew with a Comparable Agency certificate **must** use the CAV application.*

If your company does not meet these three conditions, please return to our website to select a different application type.

2. Missing documentation will significantly delay the processing of your application. Please be sure to submit full copies of **ALL** required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



Supplier Clearinghouse

RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

For which status are you re-applying? **MBE** ☐ **WBE** ☐ **LGBTBE** ☐ **PDBE** ☐

1. BUSINESS IDENTIFICATION

Verification Order Number* _____ Federal Tax ID Number* _____

Business Name* _____

DBA Name* _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____

Number _____ Street _____

City _____ State _____ Zip _____ County _____

Mailing Address (if different) _____

Number _____ Street _____

City _____ State _____ Zip _____ County _____

Email* _____ Website _____

Contact Person* _____

Name _____

Phone _____ Email _____

2. CHANGE IN OWNERSHIP AND/OR CONTROL

Has there been any change in ownership and/or control of the business since last Clearinghouse verification?*

YES ☐ NO ☐

If yes, explain: _____



Supplier Clearinghouse
RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

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3. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*

Standard Industry Classification Codes:*

Primary SIC code:

Additional SIC codes:

*A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>
Please provide the full four-digit code for each entry.*

North American Industry Classification System (NAICS):*

Primary NAICS code:

Additional NAICS codes:

*A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>
Please provide the full six-digit code for each entry.*



Supplier Clearinghouse

RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

4. BUSINESS OWNERS, OFFICERS AND KEY PERSONNEL*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Disabled Status	Role (circle all applicable)	Type of Authority (enter all applicable)
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	

Primary Race/Ethnic Code: 1 Asian/Pacific American (includes Asian Indian) 2 Black American 3 Hispanic American 4 Native American 5 White

Role Code: A Owner B Officer/Director C Key Personnel

Type of Authority/Responsibility: 1 Finance 2 Management 3 Hiring/firing 4 Marketing/Sales 5 Equipment Purchasing 6 Field Supervisor 7 Other

5. BUSINESS LOCATIONS/WORK SITES

How many business locations/branch offices does your firm have?* _____

Provide information on your firm's business locations/work sites by city, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established. Attach additional sheets if more than five locations/work sites.

Zip code	City	# of Employees	Primary SIC Code	Date Established
Zip code	City	# of Employees	Primary SIC Code	Date Established
Zip code	City	# of Employees	Primary SIC Code	Date Established



Supplier Clearinghouse

RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
Zip code	City	# of Employees	Primary SIC Code	Date Established

6. BUSINESS SIZE & LICENSES:

Annual Gross Sales for 2021:* \$_____ Is this firm a Small Business? YES ☐ NO ☐

Number Employees:* Full Time _____ Part Time _____ Contract Personnel _____

Construction Companies Only:

Contractor License # _____ Bonding Company _____

Name of Licensee _____ Bonding Limit \$_____



Supplier Clearinghouse

RE-VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Re-Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right-hand corner with the letter or number that applies to each document (e.g. A, B, C, etc.).

SECTION I IS APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the letter that is applicable to your form of business, using the following key:

S: SOLE PROPRIETOR

P: PARTNERSHIP/LLC

C: CORPORATION

Section I: DOCUMENTS REQUIRED OF <u>ALL RE-VERIFICATION APPLICANTS</u>	S	P	C
A. Supplier Clearinghouse Re-Verification Application , completed and signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Federal tax returns for 2021 IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <u>If 2021 taxes have not been filed, provide a copy of the firm's 2021 extension filing AND 2020 federal tax returns IN FULL.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Business bank account information: copy of bank account signature card or letter from your bank verifying person(s) authorized to sign checks and the number of signatures required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II: ADDITIONAL DOCUMENTS REQUIRED OF <u>PARTNERSHIPS/LLCS</u>		P	
D. Most Recent Meeting Minutes		<input type="checkbox"/>	
Section III: ADDITIONAL DOCUMENTS REQUIRED OF <u>CORPORATIONS</u>			C
E. Most recent Shareholder/Board of Directors Meeting Minutes			<input type="checkbox"/>



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Standard Verification application.

1. Please make sure you have selected the correct application type.

The **Standard Verification Application** is for all suppliers who:

- Are not currently certified with the Clearinghouse
- Are either
 - Headquartered in California and have annual gross revenues **over** \$3.5 million **OR**
 - **Not** headquartered in California (all revenue levels)

If your company does not meet these conditions, please return to our website to select a different application type.

2. Missing documentation will significantly delay the processing of your application. Please be sure to submit full copies of ALL required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

For which status are you applying?

MBE ☐ WBE ☐ LGBTBE ☐ PDBE ☐

1. BUSINESS IDENTIFICATION

Business Name* _____

DBA Name* _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____
Number Street

City State Zip County

Mailing Address (if different) _____
Number Street

City State Zip County

Email* _____ Website _____

Contact Person* _____
Name

Phone Email

2. OWNERSHIP TYPE & AFFILIATIONS

What is the business structure of your firm (check one)?*

☐ Corporation

☐ LLC

☐ Partnership

☐ Sole Proprietorship

☐ Other _____

Service Areas (check all that apply)*

☐ Local

☐ State

☐ National

☐ International

☐ International

Date Established* ____/____/____



Supplier Clearinghouse

VERIFICATION APPLICATION

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Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

Is a percentage of your firm owned by an affiliated company?*

YES ☐ NO ☐

If yes, provide details of affiliated owner:

Company Name _____ Percent owned: _____%

Street Address _____

City, State & Zip Code _____

3. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____ Professional License _____

State Employer Tax ID _____ Name of Licensee _____

Annual Gross Sales for 2021:* \$ _____ Is this firm a Small Business? YES ☐ NO ☐

Number Employees:* Full Time _____ Part Time _____ Contract Personnel _____

Construction Companies Only:

Contractor License # _____ Bonding Company _____

Name of Licensee _____ Bonding Limit \$ _____

4. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

Standard Industry Classification Codes:*

Primary SIC code:

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Additional SIC codes:

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A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>

Please provide the full four-digit code for each entry.

North American Industry Classification System (NAICS):*

Primary NAICS code:

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Additional NAICS codes:

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A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>

Please provide the full six-digit code for each entry.

5. INSURANCE REFERENCE*

Insurance Carrier

Street Address

City, State & Zip Code

Phone Number

Contact Person



Supplier Clearinghouse

VERIFICATION APPLICATION

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Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

6. BUSINESS FACILITIES AND EQUIPMENT

A. Does the firm own its own office?*

YES ☐ NO ☐

If no, provide the following information:

Landlord/Lessor _____

Landlord/Lessor's Street Address _____

City, State & Zip Code _____

Phone Number _____

B. Does applicant SHARE office space with another firm(s)?*

YES ☐ NO ☐

If yes, identify the firm(s):

Firm Name _____ Phone Number _____

Firm Name _____ Phone Number _____

C. List major equipment/assets owned by applicant (including computers, etc.)*

Not Applicable ☐

1. _____

2. _____

3. _____

4. _____

5. _____

D. List major equipment *leased* by applicant*

Not Applicable ☐

Equipment Leased	Lessor



Supplier Clearinghouse

VERIFICATION APPLICATION

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Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

7. OWNERS, OFFICERS, KEY PERSONNEL, BUSINESS MANAGEMENT & DECISION MAKING*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Include also individuals responsible for day-to-day management and policy decision-making. Ownership total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Disabled Status	Role (circle all applicable)	Type of Authority (enter all applicable)
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	
			Y N		M F	Y N	Y N	A B C	

Primary Race/Ethnic Code:

- | | |
|--|-------------------|
| 1 Asian/Pacific American (includes Asian Indian) | 4 Native American |
| 2 Black American | 5 White |
| 3 Hispanic American | |

Role Code:

- | |
|--------------------|
| A Owner |
| B Officer/Director |
| C Key Personnel |

Type of Authority/Responsibility:

- | | |
|-------------------|------------------------|
| 1 Finance | 5 Equipment Purchasing |
| 2 Management | 6 Field Supervisor |
| 3 Hiring/firing | 7 Other |
| 4 Marketing/Sales | |



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

8. RELATIONSHIPS WITH OTHER BUSINESS CONCERNS

Do individuals (owner or key employee) in this firm have ownerships or business relationships with ANY other firms?*

YES ☐ NO ☐

If yes, list name of person, name of other business, and relationship:

Individual Name	Firm Name	Relationship

9. PREVIOUS BUSINESS OWNERSHIP

Have any individuals (owner or key employee) in this firm conducted business under ANY other business name?*

YES ☐ NO ☐

If yes, provide name of person, name of other business, position with other business and dates of involvement:

Individual Name	Firm Name	Position	Dates

10. OUTSTANDING LOAN(S)*

Not Applicable/No outstanding loans ☐

List any outstanding loans greater than \$10,000:

Amount of loan(s)	Lenders/Creditors	Guarantors



Supplier Clearinghouse

VERIFICATION APPLICATION

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11. OUTSIDE CONSULTING SERVICES

Has any other firm provided management or financial consulting services to this firm during the past twelve months (other than CPA and/or legal counsel)?*

YES ☐ NO ☐

If yes, list all consultants and include contact information:

Firm Name	Contact Person	Phone Number	Service Provided

12. BUSINESS LOCATIONS/WORK SITES

How many business locations/branch offices does your firm have?* _____

Provide information on your firm's business locations/work sites by city, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established. Attach additional sheets if more than five locations/work sites.

_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established
_____ Zip code	_____ City	_____ # of Employees	_____ Primary SIC Code	_____/_____/_____ Date Established

13. OUTSIDE CONSULTING SERVICES USED IN THE PREPARATION OF THIS APPLICATION

Has any other firm provided assistance to applicant business in the preparation of this application?*

YES ☐ NO ☐

If yes, name of firm providing assistance: _____

Was there a charge for this service? No ☐ Yes ☐ If yes, indicate amount: \$ _____



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

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14. RESTRICTIONS ON STOCK OWNERSHIP (for corporations only)

A. Are there any outside stock purchase options, warrants, or agreements for issuance of such options or warrants?*

YES ☐ NO ☐

If yes, please explain:

B. Are there any shares pledged subject to lien or agreement or beneficially owned by anyone other than that person in whose name it stands?*

YES ☐ NO ☐

If yes, please explain:



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right-hand corner with the letter or number that applies to each document (e.g. A, B, C, D, E1, etc.).

SECTION I IS APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the letter that is applicable to your form of business, using the following key:

S: SOLE PROPRIETOR

P: PARTNERSHIP/LLC

C: CORPORATION

Section I: DOCUMENTS REQUIRED OF ALL APPLICANTS	S	P	C
A. Supplier Clearinghouse Verification Application Form , completed, signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Business license and fictitious business name statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Business card from all owners (NOT COPIES) and a brochure/portfolio describing company's products or services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status: (a) Copy of certified birth certificate from applicable county, state or federal registrar; or, (b) Copy of U.S. passport; or (c) copy of voter's registration card; or, (d) Copy of U.S. military record (Form DD214); or, (e) Copy of front and back of INS permanent resident visa card; or, (f) INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1. Proof of qualifying owner(s)' ethnicity/minority status (required for firms applying for MBE): <u>For applicants other than Native Americans, furnish:</u> (a) Copy of certified birth certificate from applicable county, state or federal registrar; or, (b) Three declarations from recognized minority community organizations; or, (c) Copy of parents' or grandparents' birth certificates. <u>For Native American applicants, furnish:</u> (a) Copy of tribal enrollment card; or, (b) Letter of Tribal Chairman; or, (c) Letter from BIA if reservation is terminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supplier Clearinghouse

VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

E2. Proof of qualifying owner(s)' gender (required for firms applying for WBE): (a) Copy of certified birth certificate from applicable county, state or federal registrar; or (b) Copy of U.S. driver's license; or, (c) Copy of U.S. passport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3. Proof of qualifying owner(s)' LGBT status (required for firms applying for LGBTBE): (a) Copy of valid, municipal or state license/certificate of marriage, civil union, or domestic partnership; or, (b) Proof of domestic partnership health insurance utilization; or, (c) Copy of petition for same-sex partner hospital visitation rights; or, (d) Evidence of completed or attempted parenting or family building efforts with same-sex partners including surrogacy, adoption, or in-vitro fertilization procedures; or, (e) Joint living arrangement paperwork naming same-sex partner and reference to same-sex partner status must be made in the document. Examples of acceptable documents include: property, deeds/titles, lease or rental agreement, insurance (auto, health, home, etc.), phone/utility bills, wills, retirement plans, loans, lines of credit, investment holdings, etc.; or, (f) One letter from the NGLCC affiliate chamber leader attesting to LGBT status of each business owner; or, (g) Three letters of reference from personal contacts on their company letterhead or stationery who: (a) have known owner for over one year; and (b) can vouch/attest to LGBT status; or, (h) One letter from a recognized LGBT organization attesting to LGBT status and signed by the organization leader or board member; or, (i) Physician carry letter evidencing gender reassignment or related medical procedures (for transgender applicants); or, (j) Proof of media coverage, including publications, newspapers, or articles, explicitly stating LGBT status of owner(s); or, (k) Physician or attorney letter establishing LGBT status of owner(s); or, (l) Certificates, awards, recognition of owners as outstanding members of LGBT community; or, (m) Legal petition for name/gender change (for transgender applicants).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4. Proof of qualifying owner(s)' disability status (required for firms applying for PDBE): (a) Documentation from a licensed, registered, or state or private certified vocational rehabilitation specialist affirming that the applicant/person is a person with a disability; (b) Documentation from a federal or state agency (including the District of Columbia or a U.S. territory) that issues or provides disability benefits confirming the owner has a disability; (c) Documentation from a licensed medical professional (e.g., a physician or other medical professional duly certified to practice medicine by a state, the District of Columbia, or a U.S. Territory) confirming the owner has a disability; (d) An Individualized Education Program (IEP) for an owner who has a learning disability; (e) A letter/written signed statement from a leader of the Disability Chamber of Commerce or an affiliate chamber confirming to the disability status of the owner; (f) Three letters of reference from personal contacts who: (a) have known the owner for over one year and (b) can attest, in a signed statement, to the owner's disability status; (g) A letter/written signed statement by a leader or board member from a disability advocacy organization attesting to the owner's disability status; (h) Proof of media coverage, including publications, newspapers, or articles, explicitly stating the disability status of the owner; (i) A letter/written signed statement from a physician or attorney establishing the disability status of the owner; (j) Certificates, awards, recognition of the owner as outstanding members of the disability community; or; (k) Documentation of participation in a program by owner that provides benefits based on disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F. Detailed resume OR work history of all principals and key employees , summarizing education, training, and employment history, with dates, duties, and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Copy of full lease/rental agreement for main business site or copy of deed and/or purchase loan agreement reflecting ownership of property(s), or if working from home, state so in a letter & give copy of mortgage or property tax bill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Cancelled check or payment receipt for lease/rental or purchase of business site. For residence, mortgage/tax invoice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Business bank account information : copy of bank account signature card, or letter from your bank verifying person(s) authorized to sign checks and the number of signatures required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Evidence of personal capital contributions (such as cancelled checks) or an explanation and substantiating evidence of other consideration given to acquire ownership interest in the business (initial investment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Federal tax returns for 2021 IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <u>If 2021 taxes have not been filed, provide a copy of the firm's 2021 extension filing AND 2020 federal tax returns IN FULL.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. On a separate page, list two clients AND two suppliers with whom you have done business in the past twelve months. Include name of client/supplier, contact person, address, phone number, and nature of relationship to applicant firm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section II: ADDITIONAL DOCUMENTS REQUIRED OF PARTNERSHIPS/LLCS		P	
M. Partnership agreements and any amendments thereto.		<input type="checkbox"/>	
N. Profit-sharing agreements (if not included in partnership agreement).		<input type="checkbox"/>	
O. Buyout rights agreements (if not included in partnership agreement).		<input type="checkbox"/>	
Section III: ADDITIONAL DOCUMENTS REQUIRED OF CORPORATIONS			C
P. Articles of Incorporation , including documents issued by the Secretary of State			<input type="checkbox"/>
Q. By-Laws and any amendments thereto pertaining, but not limited to, the following: stock options, stockholder agreements, stockholder voting rights, ownership of voting securities, facts pertaining to values of shares and restrictions on disposal of stock loan agreements.			<input type="checkbox"/>
R. Record of first organizational meeting AND subsequent minutes which record any change in ownership and/or control of the corporation (if applicable).			<input type="checkbox"/>
S. Copies of all current stock certificates . Include front & back			<input type="checkbox"/>
T. Copy of any stock transfer ledgers/stock ledgers .			<input type="checkbox"/>
U. If not a California corporation, a copy of Statement of Foreign Corporation Designation , if filed.			<input type="checkbox"/>



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VERIFICATION APPLICATION

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*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

V. Copy of most recently filed Statement by Domestic Stock Corporation , if a California corporation.			<input type="checkbox"/>
W. Most recent annual report , if available			<input type="checkbox"/>

(END OF ATTACHMENT C)

ATTACHMENT D



Supplier Clearinghouse

Document List

What documents are required for certification?

REQUIRED FOR RECIPROCAL APPLICATIONS:

- **Copy of comparable agency certificate(s)**
 - ☐ National Minority Supplier Development (NMSDC) for MBE applicants
 - ☐ Women's Business Enterprise National Council (WBENC) for WBE applicants
 - ☐ National LGBT Chamber of Commerce (NGLCC) for LGBTBE applicants
 - ☐ Disability:IN for PDBE applicants

REQUIRED FOR ALL APPLICATIONS:

- Supplier Clearinghouse Participation Agreement & Affidavit
- Federal Tax Returns

REQUIRED FOR MBE APPLICANTS:

- **Proof of qualifying owner(s)' ethnicity/minority status**

For applicants other than Native Americans, furnish

 - ☐ copy of certified birth certificate from applicable county, state, or federal registrar; or,
 - ☐ three declarations from recognized minority community organizations; or,
 - ☐ copy of parents' or grandparents' birth certificates.

For Native American applicants, furnish:

 - ☐ copy of tribal enrollment card; or,
 - ☐ letter of Tribal Chairman; or,
 - ☐ letter from BIA if reservation is terminated.
- **Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**
 - ☐ copy of certified birth certificate from applicable county, state or federal registrar; or,
 - ☐ copy of U.S. passport; or (c) copy of voter's registration card; or,
 - ☐ copy of U.S. military record (Form DD214); or;
 - ☐ copy of front and back of INS permanent resident visa card; or,
 - ☐ INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.



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Document List

REQUIRED FOR WBE APPLICANTS:

- **Proof of qualifying owner(s)' gender**
 - ☐ copy of certified birth certificate from applicable county, state or federal registrar; or
 - ☐ copy of U.S. driver's license; or,
 - ☐ copy of U.S. passport.

- **Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**
 - ☐ copy of certified birth certificate from applicable county, state or federal registrar; or,
 - ☐ copy of U.S. passport; or (c) copy of voter's registration card; or,
 - ☐ copy of U.S. military record (Form DD214); or;
 - ☐ copy of front and back of INS permanent resident visa card; or,
 - ☐ INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.



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Document List

REQUIRED FOR LGBTBE APPLICANTS:

- **Proof of qualifying owner(s)' LGBT status**
 - ☐ Copy of valid, municipal or state license/certificate of marriage, civil union, or domestic partnership; or,
 - ☐ Proof of domestic partnership health insurance utilization; or,
 - ☐ Copy of petition for same-sex partner hospital visitation rights; or,
 - ☐ Evidence of completed or attempted parenting or family building efforts with same-sex partners including surrogacy, adoption, or in-vitro fertilization procedures; or,
 - ☐ Joint living arrangement paperwork naming same-sex partner and reference to same-sex partner status must be made in the document. Examples of acceptable documents include: property, deeds/titles, lease or rental agreement, insurance (auto, health, home, etc.), phone/utility bills, wills, retirement plans, loans, lines of credit, investment holdings, etc.; or,
 - ☐ One letter from the NGLCC affiliate chamber leader attesting to LGBT status of each business owner; or,
 - ☐ Three letters of reference from personal contacts on their company letterhead or stationery who: have known owner for over one year; and can vouch/attest to LGBT status; or,
 - ☐ One letter from a recognized LGBT organization attesting to LGBT status and signed by the organization leader or board member; or,
 - ☐ Physician carry letter evidencing gender reassignment or related medical procedures (for transgender applicants); or,
 - ☐ Proof of media coverage, including publications, newspapers, or articles, explicitly stating LGBT status of owner(s); or,
 - ☐ Physician or attorney letter establishing LGBT status of owner(s); or,
 - ☐ Certificates, awards, recognition of owners as outstanding members of LGBT community; or,
 - ☐ Legal petition for name/gender change (for transgender applicants).
- **Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**
 - ☐ copy of certified birth certificate from applicable county, state or federal registrar; or,
 - ☐ copy of U.S. passport; or (c) copy of voter's registration card; or,
 - ☐ copy of U.S. military record (Form DD214); or,
 - ☐ copy of front and back of INS permanent resident visa card; or,
 - ☐ INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.



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Document List

REQUIRED FOR PDDBE APPLICANTS

- **Proof of qualifying owner(s)' disability status**
 - ☐ Documentation from a licensed, registered, or state or private certified vocational rehabilitation specialist affirming that the applicant/person is a person with a disability; or,
 - ☐ Documentation from a federal or state agency (including the District of Columbia or a U.S. territory) that issues or provides disability benefits confirming the owner has a disability; or,
 - ☐ Documentation from a licensed medical professional (e.g., a physician or other medical professional duly certified to practice medicine by a state, the District of Columbia, or a U.S. Territory) confirming the owner has a disability An Individualized Education Program (IEP) for an owner who has a learning disability; or,
 - ☐ A letter/written signed statement from a leader of the Disability Chamber of Commerce or an affiliate chamber confirming to the disability status of the owner; or,
 - ☐ Three letters of reference from personal contacts who: (a) have known the owner for over one year and (b) can attest, in a signed statement, to the owner's disability status; or,
 - ☐ A letter/written signed statement by a leader or board member from a disability advocacy organization attesting to the owner's disability status; or,
 - ☐ Proof of media coverage, including publications, newspapers, or articles, explicitly stating the disability status of the owner; or,
 - ☐ A letter/written signed statement from a physician or attorney establishing the disability status of the owner; or,
 - ☐ Certificates, awards, recognition of the owner as outstanding members of the disability community; or,
 - ☐ Documentation of participation in a program by owner that provides benefits based on disability.
- **Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**
 - ☐ copy of certified birth certificate from applicable county, state or federal registrar; or,
 - ☐ copy of U.S. passport; or (c) copy of voter's registration card; or,
 - ☐ copy of U.S. military record (Form DD214); or,
 - ☐ copy of front and back of INS permanent resident visa card; or,
 - ☐ INS certificate of naturalization; or, (g) INS certificate of U.S. citizenship.

Additional documents required depending on application type or business structure.

(END OF ATTACHMENT D)